

DECLARATION/ POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

Attorney Docket Number: GRY-117US
First Named Inventor: Emmanuel Sedda et al.

COMPLETE IF KNOWN

Application Number: To Be Assigned
Filing Date: Herewith
Art Unit: To Be Assigned
Examiner Name: To Be Assigned

☒ Declaration
Submitted
With Initial
Filing
(37 CFR 1.63)

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

☐ Supplemental
Declaration
(37 CFR 1.67)

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ELECTROMECHANICAL VALVE CONTROL ACTUATOR FOR INTERNAL COMBUSTION ENGINES

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) _____ as United States Application or PCT International Application Number _____

and was amended on (MM/DD/YYYY) _____ (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
03 01948	France	02/18/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

Declaration/Power Of Attorney for Utility or Design Patent Application

(continued)

I hereby appoint:

☒ **Practitioners at Customer Number 23122**
OR
☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:

☒ Practitioners Customer Number listed above; **OR**
☐ Correspondence Address Below

Name:

Address:

City:

State:

Zip:

Country:

Telephone:

Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:
☐ A Petition has been filed for this unsigned inventor.

Given Name: (first and middle (if any))

Family Name or Surname

Emmanuel

Sedda

Inventor's Signature

Date: _____

Residence: City: Conflans Sainte Honorine

State:

Country: France

Citizenship: France

Mailing Address: 44 rue des Freres Francais

Mailing Address:

City: Conflans Sainte Honorine

State:

Zip: F-78700

Country: France

☒ Additional inventors are listed on the next page.

Declaration/Power Of Attorney for Utility or Design Patent Application

(continu d)

Name of Second Inventor:			<input type="checkbox"/> A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))			Family Name or Surname		
Christophe			Fageon		
Inventor's Signature _____				Date: _____	
Residence: City: Montrouge	State:	Country: France	Citizenship: France		
Mailing Address: 5 rue Theophile Gautier					
Mailing Address:					
City: Montrouge	State:	Zip: F-92120	Country: France		
Name of Third Inventor:			<input type="checkbox"/> A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))			Family Name or Surname		
Hamid			Ben Ahmed		
Inventor's Signature _____				Date: _____	
Residence: City: Rennes	State:	Country: France	Citizenship: France		
Mailing Address: 4 Place Pierre-Gilles					
Mailing Address:					
City: Rennes	State:	Zip: F-35200	Country: France		
Name of Fourth Inventor:			<input type="checkbox"/> A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))			Family Name or Surname		
Michel			Lecrivain		
Inventor's Signature _____				Date: _____	
Residence: City: Ivry Sur Seine	State:	Country: France	Citizenship: France		
Mailing Address: 13 Villa BAC					
Mailing Address:					
City: Ivry Sur Seine	State:	Zip: F-94200	Country: France		
<input checked="" type="checkbox"/> Additional inventors are listed on 1 Supplemental Sheet(s).					

DECLARATION/POWER OF ATTORNEY - SUPPLEMENTAL SHEET

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Mohamed		Gabsi	
Inventor's Signature _____		Date: _____	
Residence: City: Cachan	State:	Country: France	Citizenship: France
Mailing Address: 46 rue de Strasbourg			
Mailing Address:			
City: Cachan	State:	Zip: F-94230	Country: France
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature _____		Date: _____	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country:
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature _____		Date: _____	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country: